

FEE Only.

12 (Rce)



**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

MAIL STOP RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Subsection (b) of 35 U.S.C. § 132, effective on May 29, 2000,
provides for continued examination of an utility or
plant application filed on or after June 8, 1995

Application Number	10/000,323
Confirmation Number	9759
Filing Date	December 04, 2001
First Named Inventor	Masayuki MISHIMA
Group Art Unit	2879
Examiner Name	COLON, German
Matter Number	Q67519
Title	LIGHT-EMITTING DEVICE AND METHOD FOR PRODUCING SAME

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

1. SUBMISSION REQUIRED UNDER 37 C.F.R. § 1.114

- a. ☐ Previously submitted
 - i. ☐ Please enter and consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____
 - ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - iii. ☐ Other _____
- b. ☒ Enclosed
 - i. ☒ Amendment/Reply
 - ii. ☐ Affidavit(s)/Declaration(s)
 - iii. ☐ Information Disclosure Statement (IDS)
 - iv. ☒ Petition for Extension of Time
 - v. ☐ Other _____

2. MISCELLANEOUS

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months
- b. ☐ Other _____

3. FEES

A check for the RCE statutory fee of \$790.00 is attached. The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account. A duplicate copy of this transmittal letter is attached.

CORRESPONDENCE ADDRESS

Direct all correspondence to the address for SUGHRUE MION, PLLC filed under the Customer Number listed below:

12/03/2004 KBETEM1 00000025 10000323

01 FC:1801

790.00 00

WASHINGTON OFFICE

23373

CUSTOMER NUMBER

SIGNATURE OF ATTORNEY

Name Peter D. Olexy Registration No. 24,513

Signature *Peter D. Olexy* Date November 2, 2004

11/09/2004 CPARIS 00000001 194880 10000323

01 FC:1201

88.00 DA

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

10/060323

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐OR OTHER THAN
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	395.00	OR	BASIC FEE	790.00
X\$ 9=		OR	X\$18=	
X44=		OR	X88=	
+150=		OR	+300=	
TOTAL		OR	TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	14	Minus	** 20 =
	Independent	*	4	Minus	*** 3 = 1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X44=		OR	X88=	\$88
+150=		OR	+300=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*		Minus	** =
	Independent	*		Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X44=		OR	X88=	
+150=		OR	+300=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*		Minus	** =
	Independent	*		Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X44=		OR	X88=	
+150=		OR	+300=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.